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Assistência ao pré-natal e as práticas desenvolvidas pela equipe de saúde: revisão integrativa

Prenatal care and practices developed by the health team: integrative review

Atención prenatal y prácticas desarrolladas por equipo de salud: revisión integradora

Cintia Mikaelle Cunha de Santiago¹; Carla Nadja Santos de Sousa²; Líbne Lidianne da Rocha e Nóbrega³; Linda Katia Oliveira Sales⁴; Fátima Raquel Rosado Morais⁵

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ABSTRACT

Objective: To understand the practices and professionals involved in prenatal care in the Family Health Strategy. **Methods:** An integrative review of the literature with a temporal scope between the years 2001 and 2012, in the SciELO database and CAPES portal of journals, using the following descriptors: Women's Health; Prenatal Care; and Health Personnel. **Results:** It was observed that some articles emphasize the work of nurses over the multidisciplinary work, revealing the difficulty of a comprehensive team practice. Furthermore, the focus of care is almost exclusively technical, demonstrating that the most relevant aspects to the quality of the actions during prenatal care concern the number of consultations, tests and vaccines. **Conclusion:** It is essential that health professionals work in a multidisciplinary perspective, in which the care given to pregnant women happens is comprehensive and complementary.

Descriptors: Prenatal care, Health personnel, Women's health, review.

¹ Nurse. MSc in Health and Society by UERN. PhD Student in Biochemistry and Physiology by UFPE.

² Nurse. MSc in Health and Society by UERN.

³ Assistant Professor at the Nursing School (UERN). PhD in Health Science (PPGCSa/UFRN).

⁴ Nurse. MSc in Health and Society by UERN. Professor at the Nursing School (UERN).

⁵ Professor at the Nursing Department of the State University of Rio Grande do Norte. PhD in Social Psychology by UFRN/UFPB.

RESUMO

Objetivo: Aprender as práticas comumente desenvolvidas na estratégia saúde da família durante o pré-natal e quais os profissionais envolvidos nessa dinâmica. **Métodos:** Realizou-se uma revisão integrativa da literatura com abrangência temporal entre os anos de 2001 e 2012, nas bases de dados SciELO e no Portal de Periódicos CAPES a partir dos descritores: Saúde da Mulher, Cuidado Pré-natal e Pessoal de Saúde.

Resultados: Observou-se que alguns artigos enfatizam o trabalho do enfermeiro em detrimento ao trabalho multidisciplinar, o que desvela a dificuldade na integração das práticas em equipe e que o foco da assistência é quase exclusivamente de caráter técnico, sendo demonstrado que os aspectos mais relevantes para a qualidade das ações durante o pré-natal são referentes ao número de consultas, exames e vacinas. **Conclusão:** É imprescindível que os profissionais de saúde trabalhem na perspectiva da multidisciplinaridade, na qual o cuidado prestado à gestante aconteça de forma integral e complementar.

Descritores: Cuidado pré-natal, Pessoal de saúde, Saúde da mulher, revisão.

RESUMEN

Objetivo: Aprender las prácticas y los profesionales involucrados en la atención prenatal en la Estrategia Salud de la Familia. **Métodos:** Revisión integradora de la literatura con el rango de tiempo entre 2001 y 2012, en las bases de datos SciELO y Portal de Revistas CAPES a través de descriptores: Salud de la Mujer, Atención Prenatal y Personal de Salud.

Resultados: Algunos artículos señalan el trabajo del enfermero en virtud del trabajo multidisciplinario, lo que revela la dificultad de la integración de las prácticas en equipo. Además, el foco de la atención es casi exclusivamente de carácter técnico, lo que demuestra que los aspectos más relevantes para la calidad de las acciones durante el prenatal se refieren al número de consultas, exámenes y vacunas. **Conclusión:** Es esencial que los profesionales de salud trabajen en la perspectiva multidisciplinaria, cuya atención ofrecida a la embarazada ocurra integralmente y sea complementaria.

Descriptores: Atención prenatal, Personal de salud, Salud de la mujer, Revisión.

INTRODUCTION

The Prenatal and Birth Humanization Program (PBHP), launched by the Ministry of Health in 2000, reinforces the importance of the attention to the gestational process, giving new directions to health practices. Therefore, the objectives of PBHP are to ensure universal access and a quality care to pregnancy, childbirth and the postpartum period, in order to minimize the risks and complications and to reduce the rates of maternal and perinatal morbidity and mortality. The program's objective is to complement the commonly used measures and, thus, to improve the attention to the gestational process, focusing on the basic rights of citizenship.¹

Considering such integrality, PBHP has a minimum range of actions to be performed by the Family Health Strategy team of each city. Official documents mention the early reception of pregnant women, the evaluation of reproductive risk control, the minimum number of medical visits, laboratory examinations, humanized care, the active

search for absent pregnant women and the importance of qualification of the prenatal care as some of the recommended actions.¹ A good prenatal and childbirth care, especially for early detecting diseases caused or worsened by pregnancy and childbirth, is described as a condition to reduce maternal and perinatal mortality.²

It is important to mention that the PBHP has been implemented since 2002 and, initially, was adopted by 3.923 cities. The total number of registered pregnant women in the country from January 2001 to August 2002 was 316.154.³ From the beginning, the program contributed to increase the number of medical consultation with women attending prenatal and performing childbirths in the SUS. In 1995, 1.2 visits were performed per delivery; in 2005, this number increased to 5.45. However, even with the quantitative increase in the number of prenatal visits, some data demonstrate the persistence in compromising the quality of monitoring the gestational process, especially for the high number of maternal and neonatal deaths.⁴

These findings favor understanding that a quality care must be implemented, not only based on the quantity of performed attendances and/or procedures, but also on articulated practices that emphasize the subjective, social, economic and cultural dimensions of different people.

Due to the importance of managing the health work, with an interdisciplinary dynamics, the objective of this study is to understand the practices developed in the family health strategy and the people involved in assisting the prenatal. Such actions intend to observe the limits and possibilities in accordance to the guidelines of the PHPN and the evidences in the context of actions for pregnant women.

METHODS

The integrative review is a systematic and ordered study about a particular issue or theme, and is developed with the help of the published scientific material. This type of research intends to contribute to improving the knowledge about the chosen theme, and is commonly used by researchers working with the Practice-Based Evidence (PBE).⁵

For this review, the used literature was found in the following databases: Scientific Electronic Library Online (SciELO) and CAPES Journal Portal. These databases were chosen due to the use of these databases is justified by the, making it easy to analyze the enclosed material for this study.

For the study's development, the steps recommended by the literature were followed, namely: construction of the guiding question that determined the inclusion and exclusion criteria of articles and the resources to identify the studies regarding the selected theme; search or sampling in the literature, which is the search, in the defined databases, for the researches that meet the inclusion criteria; data collecting, consisted of the definition of information to be extracted from the selected articles and construction of categories; critical analysis of the final studies to ensure the

validity of the review; discussion of the results; and, finally, the presentation of the review.⁵

In the first stage of the review, to support the construction of the study, the following question was established: who are the actors and what are practices developed during prenatal care in the family health strategy?

Based on this question, the articles were defined with the following key words: women's health, prenatal care and health personnel. For the inclusion criteria, the following items were adopted: year of publication from 2001 to 2012; fully available online and written in Portuguese. The exclusion criteria were: editorials, letters to the editor, theses, dissertations and review articles, as this text model does not provide enough information to reach the proposed goals. The temporal boundaries are related to the implementation period of the PBHP.

After delimitation of the inclusion criteria, the search for the material, the result was a total of 223 articles. Initially, all abstracts were read to select those who best met the object of this investigation, which resulted in 60 articles. Next, all 60 articles were fully read, particularly focusing on the results. After this reading, 31 articles were excluded as they did not directly meet the object of this investigation. Most of the excluded articles discussed specific issues regarding prenatal care, such as evaluation of routines of exams, evaluation of

quality care to pregnant women in maternity wards, and others different from the focus of this research. Then, after this new filter, a total of 29 articles remained for a deep reading/analysis and construction of the results of this review.

The next step was to organize the results, in which two categories emerged, namely: Practices in Prenatal and Actors involved in the actions developed in the prenatal care, with the intention to meet the objectives of this research and to base the construction of the results seeking clarification of issues.

RESULTS AND DISCUSSION

The theme of this study is recent, especially for it is a new proposal for women's health care in Brazil. The number of publications about this issue increased after 2007. This may be explained by the fact that an appropriate evaluation of the proposals and practices from program implementation became possible in that year. Moreover, it is necessary to think that the scientific research in health, especially in nursing, has grown significantly in the last years, which contributes to the increase of publication in the area of attention to the gestational process.

The Graphic 1 below shows all the 29 articles selected to compose the study and published in different journals:

Graphic 1 – Quantification of the articles by journals and year of publication

YEAR												JOURNAL
2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	
	1			1					1			Interface – Communication, Health and Education
	1											Research and Education in Nursing
									1			Cuban Journal of Nursing
				2	2		1					Brazilian Journal of Mother and child
				1				1	1		1	Public Health Notebook
		1										Brazilian Journal of Gynecology and Obstetrics
1			1	2	1	1						Anna Nery School Journal of Nursing
						1						Latin-American Journal of Nursing
				1								Brazilian Journal of Nursing
1												Public Science and Health
	1	1										Journal of the Nursing School - USP
		1										Health-Society Journal
					1							São Paulo's Nursing Records
1												Text & Context Nursing

Furthermore, Graphic 2 below shows the discussed issues of the analyzed publications, in order to clarify their objectives:

Graphic 2 – Quantification of the articles by title, authors, objectives and year of publication

YEAR	OBJECTIVE	AUTHORS	TITLE	SEQUENCE
2001	To evaluate the structure and the process of prenatal care in primary health care units in Pelotas, Southern Brazil.	Silveira D.S, Santos I.S, Costa J.S.D.	Prenatal care at the primary health care level: an assessment of the structure and process	Article 1
2003	To analyze the coverage of the population of micro regions assisted by teams from the Family Health Program (PSF); to evaluate the information about the Primary Care Information System (SIAB) and Live Birth Information System (SINASC); and to know the dynamics of the supply of medical and nursing consultations during prenatal.	Moura E.R.F, Rodrigues M.S.P, Silva R.M.	Nurse's and pregnant women's perception about the prenatal care: an analysis in the light of King.	Article 2
2003	To analyze the nursing care implemented in prenatal care from the perceptions of the nurses and pregnant women.	Moura E.R.F, Jr. F.H, Rodrigues M.S.P.	Evaluation of prenatal care in a micro-regional health system in the State of Ceará, Brazil.	Article 3
2003	To investigate the health communication/information activities, implemented during the prenatal care for nurses of the Family Health Program, Brazil (PSF).	Moura E.R.F, Rodrigues M.S.P.	Prenatal healthcare communication and information.	Article 4
2004	To systematically assess the prenatal care processes in everyday professional practice, based on the technical guidelines of the program.	Carvalho D.S, Novaes H.M.D.	Evaluation of the prenatal care program in Curitiba, Paraná, Brazil: a cohort study of primigravidae.	Article 5
2005	To evaluate the prenatal care process at a philanthropic institution in the city of São Paulo, as proposed by Donabedian.	Koffman M.D, Bonadio I.C.	Assessment of the process of prenatal care in a philanthropic healthcare institution in the city of São Paulo	Article 6
2006	To identify the difficulties experienced by nurses at the beginning of their professional life, in activities related to prenatal care.	Dotto L.M.G, Moulin N.M, Mamede M.V.	Prenatal care: difficulties experienced by nurses.	Article 7
2006	To describe the nurse's actions in prenatal care.	Duarte S.J.H, Andrade S.M.O.	Prenatal assistance in the Program Health of the Family.	Article 8
2007	To understand the perception of pregnant women about prenatal consultation conducted by professors and students of the Nursing Course of the Federal University of Santa Maria in a Basic Health Unit (BHU) of the city.	Landerdahl M.C, Cabral F.B, Ressel L.B, Gonçalves M.O, Martins F.B.	Women's perception about pre-conception attention in a Basic Health Unit.	Article 9
2007	To investigate the adequacy of prenatal care performed by pregnant women using the Unified Health System (SUS) in the city of Recife, Pernambuco.	Carvalho V.C.P, Araújo T.V.B.	Adequacy of the antenatal care for pregnant women seen at the two references services for women with high risk pregnancies at maternity hospitals of the Brazilian Public Health System in the city of Recife, in the State of Pernambuco.	Article 10
2007	To calculate some process indicators for the prenatal care provided to pregnant women in public services in Salvador, Bahia.	Nascimento E.R, Paiva M.S, Rodrigues Q.P.	An assessment of the indicators and coverage of the Brazilian Prenatal and Birth Humanization Program in Salvador, Bahia, Brazil.	Article 11

(To be continued)

(Continuation)

YEAR	OBJECTIVE	AUTHORS	TITLE	SEQUENCE
2007	To analyze prenatal care quality indexes of public health services in Salvador, Bahia following the implementation of the Prenatal and Birth Humanization Program (PBHB).	Nascimento E.R, Rodrigues Q.P, Almeida M.S.	Prenatal care quality indexes of public health services in Salvador, Bahia.	Article 12
2008	To compare the effects of home visiting strategies on the prenatal of pregnant women living on the outskirts of the city of Rio Grande, Rio Grande do Sul, Brazil.	Cesar J.A, Mendoza-Sassi R.A. Ulmi E.F, Dall'Agnol M.M., Neumann N.A.	Effects of different home visit strategies on prenatal care in Southern Brazil.	Article 13
2008	To assess the quality of care provided to low-risk pregnant women through quality indicators recommended by the Ministry of Health.	Gonçalves R, Urasaki M.B.M, Merighi M.A.B, D'Avila C.G.	Evaluation of effectiveness of prenatal assistance in a health Family Unit in a city of the São Paulo State.	Article 14
2008	To analyze the nurses' social competence in prenatal care.	Lima Y.M.S, Moura M.A.V.	Nurses' perception of social competence when delivering pre-natal assistance.	Article 15
2008	To evaluate the structure and process of the prenatal and puerperal care given by Regional Directorate of Health (DIR) XI, at the city of Botucatu, State of São Paulo, Brazil.	Parada C.M.G.L.	An evaluation of the prenatal and puerperal care provided in an upstate region of the State of São Paulo in 2005.	Article 16
2008	To understand social representations of puerperal women regarding healthcare during the prenatal, delivery and puerperal periods, within the regional context of public health services in the interior of the State of São Paulo.	Parada C.M.G.L, Tonete V.L.P	Healthcare during the pregnancy-puerperium cycle from the perspective of public service users.	Article 17
2008	To identify key features of prenatal care in the city of Pelotas, in the State of Rio Grande do Sul, Brazil.	Rasia I.C.R.B, Albernaz E.	Prenatal care in the city of Pelotas, in the State of Rio Grande do Sul, Brazil.	Article 18
2008	To analyze the prenatal care offered by the David Capistrano Filho Delivery House (RJ) focusing on its users, based on the concept of Humanization of the Childbirth and Birth.	Seibert S.L, Gomes M.L, Vargens O.M.C.	Prenatal care of the birth center of Rio de Janeiro: the vision of its users.	Article 19
2009	To analyze the core competencies developed in practice by nurses working in prenatal care.	Cunha M.A, Dotto L.M.G, Mamede M.V, Mamede F.V.	Prenatal care: core competencies performed by nurses	Article 20
2010	To evaluate the evolution of adequacy of the care process among pregnant users of the Brazilian Single Health System (SUS, acronym in Portuguese) and to consolidate a methodology for monitoring the prenatal care.	Coutinho T, Monteiro M.F.G, Teixeira M.T.B, Coutinho C.M, Coutinho L.M.	Monitoring the prenatal care process among users of the Unified Health Care System in a city of the Brazilian Southeast	Article 21
2010	To analyze the exercise of midwifery competences by non-physicians working in the public healthcare services of the municipality of São Paulo.	Narchi N.Z.	Analysis of non-physicians' exercise of competences for midwifery care	Article 22
2010	To analyze the exercise of competences in prenatal care performed by nurses in the East Zone of the city of São Paulo through the identification of the activities performed by them and their frequency as well as possible difficulties found.	Narchi N.Z.	Prenatal care by nurses in the East Zone of the city of São Paulo - Brazil	Article 23
2011	To describe the perception that the community health workers (CHW) have about prenatal care	Canever B.P, Mattia D, Virtuoso A.M, Schmitt K.R, Fontoura M.H.C, et al.	Community health workers perception about prenatal care	Article 24

(To be continued)

(Continuation)

YEAR	OBJECTIVE	AUTHORS	TITLE	SEQUENCE
2011	To understand the production of comprehensive prenatal care in a primary family healthcare unit in Fortaleza, Ceará, Brazil.	Albuquerque R.A, Jorge M.S.B, Franco T.B, Quinderé P.H.D.	Production of comprehensive prenatal care: a pregnant woman's route at a primary family healthcare unit.	Article 25
2011	To learn the perception that nurses have about the protocol of their attributions in prenatal care, identifying the health actions they develop, as well as the easy and difficult aspects in using the referred protocol.	Rodrigues E.M, Nascimento R.G, Araújo A.	Prenatal care protocol: actions and the easy and difficult aspects dealt by Family Health Strategy nurses.	Article 26
2011	To identify in what way pregnant women users of the Brazilian public health service perceived the care provided by the prenatal health care team, examining the conditions, care, and assistance received.	Vieira S.M, Bock L.F, Zocche D.A, Pessota C.U.	Perceptions among pregnant women on prenatal care provided by the health team.	Article 27
2012	This work uses cartography as a method for mapping the trajectory of primary healthcare provided to pregnant women	Silva R.M, Costa M.S, Matsue R.Y, Sousa G.S, Catrib A.M.F, Vieira L.J.E.S.	Cartography of healthcare for pregnant women.	Article 28
2012	To assess the quality of prenatal and postpartum for adolescents with children born alive in a public health institution in Teresina, Piauí.	Vilarinho L.M, Nogueira L.T, Nagahama B.E.I.	Evaluation of quality of health care for adolescents in the prenatal and puerperium.	Article 29

In general, the theme of this investigation was more discussed in journals which the publication had the involvement of courses and/or post-graduate programs in nursing. This aspect can be explained by the profile of the scientific production of this category in the country, which tends to develop social researches focused on monitoring and evaluating health policies and practices in different contexts.

Among the 29 articles included in the integrative review, 22 are written by nurses, three are written only by physicians, three are written by a psychologist and three nurses, a physiotherapist and a doctor and a manager, respectively; in one article, the authors' professional category was not possible to be established. In particular, when considering the attention to the gestational process, the research's dynamic is in accordance with the nursing professional category.⁶

Regarding the study's objective, the material analysis was divided into two categories, in order to comprehend, in accordance with official documents, the people working in prenatal care and the main actions developed in this assistance.

Actors involved in prenatal care

With the objective of unveiling the actors involved in assistance during prenatal care in the family health strategy, an interesting situation arose from the analyzed studies: 11 discussed practices in attention to prenatal care developed by individual professionals. In this case, one discussed the doctor's work; eight, the nursing work; and two, the work of community health agent. The remaining 18 articles discussed the work of health professionals without specifying their academic education. In general, these materials also did not

discuss the dynamics, nor the importance, of coordination and work between teams during prenatal actions.

Despite the increased number of articles discussing the work of professionals in prenatal care, this discussion does not emphasize the practices focused on comprehensive care. Only two articles reported the existence of teamwork, emphasizing the articulation of doctors and nurses during the prenatal consultation, "The doctor and the nurse of the family health team tried to, with the available tools, overcome the difficulties and develop a care (prenatal) centered on the user" (Article 25); "Most women reported that doctors and nurses worked in complementation of the information, resulting at a reasonable relationship between the staff" (Article 28).

Although the current policy of complete care to woman's health, particularly regarding the care to the gestational process, states the importance of team working⁷, the produced articles also tended to fragment the assistance, disregarding the importance of seeing the pregnant woman as an integral being. Furthermore, in general, the materials did not mention the assistance as a complex organized according to different workers. In this case, it becomes difficult to develop a care program in accordance with the real needs of pregnant women and that, alone, may improve the quality of the practices of daily health actions.

Official documents show the quality as one of PHPN objectives, emphasizing the need for acting as a team. Concerning the integrality, it is not enough that health professionals have the knowledge and individually apply their expertise. On the contrary, it is necessary to gather up the knowledge, in order to build effective and efficient responses

to health problems and to produce a comprehensive care that contribute to improve the users' quality of life.^{1,8}

In addition to this perspective of fragmented work in health, some articles emphasize the nurse's work over the multidisciplinary work, revealing the difficulty in connecting the team's practices: "We identified, in the studied reality, that the nurses are the ones who fully accompany low risk pregnant women in prenatal care" (Article 20); "The interviewed nurses revealed they have a great experience in prenatal care because of the number of performed consultations, enhancing, thus, the importance of developing skills through repetition in professional practice" (Article 7). The influence of the fragmented model, in which each employee performs separated actions in health's work, without integration with other professionals, makes performing a more unified and better work in health, both from the perspective of those who perform it as for those that uses it.⁹

It is possible to suggest that this appreciation of nursing work is related to the focus of the journals in which the articles were published, given they are all about this area. However, it is necessary to think that the keywords of this review did not focus on nursing as the analyzed professional class, being the expression *health personnel* used for all publications. Therefore, other professional categories could show up as the main researchers of this theme. Nevertheless, the articles stated that, in particular, when the doctor acts, he tends not to value this dimension of assistance to the gestational process, often leaving the term of greater care for the nursing: "The number of nursing visits was frequently higher than the number of medical visits" (Article 3); "In Maternal Support, (prenatal) care is provided exclusively by midwives, students of graduate and post-graduate courses in Nursing" (Article 6).

It is noteworthy that three articles evidenced the importance of the work of the Community Health Agent during prenatal care: "It is indispensable to highlight the CHA's role in performing health education; therefore, he/she needs to know the reality of the community assisted, and, still, be open for the establishment of effective dialogical processes" (Article 24); "The pregnant women visited by Community Health Agents started the prenatal care earlier than the others. [...] pregnant women accompanied by Community Health Agents had a higher number of prenatal consultations" (Article 13); "Early initiation of prenatal care found in this study is due to the active search of pregnant women conducted by Community Health Agents (CHA)" (Article 14).

From these parts, it is possible to notice that the CHA is an active subject in the dynamics of prenatal, and acts as a facilitator and enabler of this process. It is essential to emphasize that the CHA's role cannot be seen isolated from other professionals, that the teamwork in the context of primary health care should be implemented towards the division of responsibility, coordination of actions, communicative interaction of professionals and overcoming

isolation of knowledge, in order to contribute to the quality of care provision.¹⁰

Practices performed in prenatal care

Regarding the focus of the selected articles, it was observed that most of them intended to evaluate the prenatal care in order to leverage assistance. In this dimension, 18 articles evaluated the routine actions in prenatal care based on the technical aspects of PHPN, such as the number of visits, laboratory examination and vaccination of pregnant women. The other 11 items discussed technical and subjective aspects of care dimension. Thus, in addition to technical issues, they emphasized actions such as home visits, patient listening, group and individual health education.

Thereby, it is important to think that the focus of the work in prenatal care is almost exclusively technical, showing that the most relevant aspects of the quality of actions during prenatal care refer to the number of consultations, exams and vaccines.^{2,11-12} Although the technical dimension are prioritized in programs as an aspect capable of providing quality in evaluating and monitoring the care context, it is known that this aspect alone eventually becomes unable to account for the real transformation of the care context¹³. The subjective aspects in the care context tend to be disregarded. Moreover, the social dimension, which directly interferes in the process, tends to be little or to have no emphasis. The little consideration of the subjective aspects ultimately minimize aspects that contribute to a humanized assistance that, in a contextualized way, meets the real needs of pregnant women in monitoring.

The articles that discussed aspects out of technical issues were mostly related to the nurse's practice, when detailing the work of the nursing professional during care of pregnant women. Other aspects beyond the number of consultations, examinations and vaccinations were described, and also focused on home visiting, individual and collective practices of health education and the search for absent pregnant women: "Group activities are one of the methodologies used by nurses who work in the Family Health Program, in order to stimulate the inclusion of pregnant women in prenatal care. This discussion space allows the continuity of nursing consultation" (Article 8); "The nurses said that health communication/information activities directed to pregnant women are held during the nursing consultation (individual) and also through group activities" (Article 4).

Although some articles indicate matters out of the technical dimension, in general, all studies focused on the mentioned aspects, not taking into account the team work discussion or the dimension that goes beyond the technical nature of the assistance. This may be explained by the fact that PHPN itself points technical aspects as quality assessment, emphasized in the articles, providing subsidies so that this quality design is reflected in researches related to prenatal.

Only one article emphasized the accomplishment of the care process during prenatal, in the case of puerperal visit.

This production, focused on comprehending the production of the complete prenatal care of a Basic Health Unit in Fortaleza, Ceará, Brazil, the puerperal visit was highlighted by the difficulty, in professional experience, in performing this action:

“The staff could not perform puerperal visits at her home... According to the professionals, visits should occur until the seventh day after birth; however, it often takes place only 42 days later. Professionals justify the delay by the unavailability of transport and the large user demand for care, which prevents them leaving the unit to go to the house of the pregnant women.” (Article 25)

This encourages reflecting the prenatal monitoring. The pregnancy is a stage of life that is complete, not when there is the reference to motherhood, but when considering the puerperal period, since, at that point, some events that require closer monitoring by health professionals¹⁴ commonly happen. Thus, it is emphasized that, despite public policies and institutional documents indicating that the prenatal care is only considered complete after monitoring the postpartum period, it is observed that, in everyday assistance, also unveiled in scientific production, this final step is disregarded, by different postures and practices.¹⁵

Another point that should be highlighted in monitoring the gestational process, and discussed in only one article, was the gestational risk classification. In official documents, gestational risk classification had been described as a highlight for proper monitoring the gestational process, in order to minimize maternal and newborn morbimortality.¹⁶ In this case, the classification of gestational risk was discussed as a difficulty faced by nurses during the prenatal consultation, “It is observed that “identification of risk factors” was reported as moderate difficulty at the beginning of their professional practice, by 72% of respondents” (Article 7). Performing the mother’s risk rating during prenatal visit is very important for the quality of care, since it is the objective of PHPN to ensure high risk pregnant women the service or access to the reference unit for outpatient and/or hospital attendance, so that pregnant women can have a peaceful and healthy pregnancy.⁴

Therefore, it is observed that, despite the importance of a prenatal care focused on all the pregnant woman’s needs and on the participation of different actors in this dynamic, it is possible to infer that even the scientific production also tend to more effectively reveal the nursing practices. Thinking of quality of care and also in reducing maternal and perinatal morbidity and mortality involves the need for everyone to feel included in this dynamic, even to the extent that encourages researches by different professional categories to promote reflection and qualification of daily work.

CONCLUSION

Although this is an integrative review, it is observed that the conformation of health practices remains following, independent of space, a routine still strongly rooted in technical issues. Although official documents emphasize more contextualized practices, pointing humanization as the north of this question, it is observed that the routines are still in the technical aspects disregarding other dimensions that interact and interfere in the dynamics.

Thinking of humanization in this context is to foresee contextualized practices, linked to different aspects of monitoring the gestational process. Thus, one cannot think in qualifying a program with this bias if the indicators only evaluate the quantitative aspects of care. It is necessary this policy considers the subjective aspects and involves the different actors, professionals and users, in order to favor a quality monitoring and to understand the contexts of life and the needs of users.

It is essential that health professionals work in multidisciplinary perspective, in which the care given to pregnant is complete and complementary. In this case, the knowledge of each professional is valued to build a care regarding the different needs of users. This care should be followed from the discovery of pregnancy to postpartum period, fostered by the different actors, in order to generate a complete care. This connection and partnership will enable generating new looks for the dimension of knowledge/action in health and prenatal monitoring.

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Author responsible for correspondence:

Cintia Mikaelle Cunha de Santiago Nogueira
Universidade do Estado do Rio Grande do Norte
R. Intendente Antônio Bento, 119, São Miguel/RN
ZIP-code: 59920-000